FORM D

B52718

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008
Estimated average burden
hours per response..... 16.00



Name of Offering (check if this is an amendment and name has changed, and inc	dicate change.)						
Hudson Fairgrounds Roem LLC							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)							
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION DATA							
Enter the information requested about the issuer	76 2						
Name of Issuer (check if this is an amendment and name has changed, and indic Hudson Fairgrounds Roem LLC	ate change.)						
Address of Executive Offices (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 23rd Floor, New York, NY 10111	Telephone Number (Including Area Corte) (212)218-4488 SECTION						
Address of Principal Business Operations(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices)	PD00~~						
Brief Description of Business	" NOUESSED						
To invest in operating partnerships formed to hold interests in apartment complexes qualifying for low income housing tax citales							
Type of Business Organization	other (please specify): United liability FINANCIAL						
business trust limited partnership, to be formed	FINANCIA						
Actual or Estimated Date of Incorporation or Organization: Month Year							
CN for Canada, FN for other foreign jurisdiction) D E							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hudson GP XXX LLC Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 23rd Floor, New York, NY 10111 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Zeiler, John S. Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 23rd Floor, New York, NY 10111 Beneficial Owner Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Macari, Joseph A. Business or Residence Address (Number and Street, City, State, Zip Code) 630 Fifth Avenue, 23rd Floor, New York, NY 10111 ☐ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner General and/or Check Box(es) that Apply: Promoter Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. II	NFORMAT	ION ABO	UT OFFER	ING		· · · · · · · · · · · · · · · · · · ·		
1. Has the	e issuer sol	d, or does	the issuer i	ntend to se	ell, to non-a	accredited	nvestors in	this offeri	ng?		. Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							\boxtimes					
2. What is the minimum investment that will be accepted from any individual?							89.879					
3. Does the offering permit joint ownership of a single unit?							Yes	No ⊠				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any							<u></u> 3					
offerin and/or	ssion or sir g. If a pers with a state ted persons	on to be li or states,	sted is an a	associated me of the	person or broker or o	agent of a lealer. If r	broker or on the broker or the broker of the	dealer regi: ive (5) per	stered wit sons to be	h the SEC : listed are	_	
Full Name	(Last name	e first, if in										
	dson GP XX											· · · · · · · · · · · · · · · · · · ·
	or Residence Fifth Aven	,			•	Lip Code)						
Name of A	ssociated B	rokeror De	aler							•		
States in V	Which Perso	on Listed H	las Solicited	d or Intend	ls to Solicit	Purchaser	S					
(Check "	'All States"	or check in	ndividual St	tates)			***************************************	•••••	***************			. 🗌 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IL	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	.[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT] 	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	e (Last name dson Housi											
	r Residence	•			•	(ip Code)				•		
630	Fifth Aven	ue, 23rd F	loor, New Y	York, NY 1	10111							
Name of A	ssociated B	roker or De	aler									
States in \	Which Perso	on Listed H	las Solicited	d or Intend	ls to Solicit	Purchaser	s ·					
(Check "	'All States"	or check is	ndividual St	tates)								. [All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
				[17]	[10]	[1]		["A]		[** 1]	[** 1]	[1 K]
run Name	: (Last name	e mrst, m m	dividual)									
Business o	or Residence	e Address (Number an	d Street, C	ity, State, Z	Cip Code)						
Name of A	ssociated B	rokeror De	aler									
States in V	Which Perso	on Listed H	las Solicited	d or Intend	ls to Solicit	Purchaser	3	<u> </u>				
	'All States"											. 🗌 All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	 [ID]
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[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box in and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		America Aliceda					
	Type of Security	Aggregate Offering Price	Amount Already Sold					
	Debt	·						
	Equity							
	Common Preferred							
	Convertible Securities (including warrants)							
	Partnership Interests	\$33,989,879	\$33,989.879					
	Other(Specify)							
	Total		\$33.989.879					
2.	Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offening and the aggregate dollar amounts of their purchases. For offenings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."							
		Number Investors	Aggregate DoHar Amount of Purchases					
	Accredited Investors	. 1	\$33.989.879					
	Non-accredited Investors		0					
	Total (for filings under Rule 504 only)		\$33,989.879					
3.	Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offening under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offenings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offening. Classify securities by type listed in Part C-Question 1.							
	Type of offering	Type of Security	Dollar Amount Sold					
	Rule 505							
	Regulation A							
	Rule 504							
	Total	·	0					
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuar. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.							
	Transfer Agent's Fees							
	Printing and Engraving Costs							
	Legal Fees							
	Accounting Fees							
	Engineering Fees							
	Sales Commissions (specify finders' fees separately)		\$714.747					
	Other Expenses (identify) Acquisition Expense Reimbursement		\$135.000					
	Total	×	\$849,747					

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	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES A	ND U	SE OF PROCEEDS		
	b. Enter the difference between the aggrega Question I and total expenses furnished in responsible adjusted gross proceeds to the issuer."	onse to Part C - Question 4.a. This difference	is th	- ne		\$33.140.132
	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for any the box to the left of the estimate. The total opproceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and f the payments listed must equal the adjusted	d che	ck		
				Payments to Officers. Directors. & Affiliates		Payments to Others
	Salaries and fees		. 🛛	\$849,747	□	
	Purchase of real estate					
	Purchase, rental or leasing and installation	of machinery and equipment				
	Construction or leasing of plant buildings	and facilities				
	Acquisition of other business (including th					
	offering that may be used in exchange for t					
	issuer pursuant to a merger)		. [·	_ □	
	Repayment of indebtedness		. [·	_ 🗆	·
	Working capital		. [_ □	
	Other (specify):		_			
	Non-accountable expense reimbursement/ir	ivestments in operating partnerships	\boxtimes	\$135,000	_ 🛭	\$32.155,385
	Column Totals		. 🛛	\$984,747		\$32,155.385
	Total Payments Listed (column totals adde	d)		⊠ \$33,140	0.132	
		D. FEDERAL SIGNATURE				
ollo	issuer has duly caused this notice to be signed owing signature constitutes an undertaking by lest of its staff, the information furnished by th	the issuer to furnish to the U.S. Securities	and	Exchange Commiss	ion, u	pon written
ssu	er (Print or Type)	Signature		Date		
Нυ	dson Fairgrounds Roem LLC	1 1 M		January 31.	2005	
Ву	: Hudson GP XXX LLC					
Van	ne of Signer (Print or Type)	Title of Signer (Frint or Type)				
Jos	seph A. Macari	Managing Director				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)